Client Identification	Date	
Counselor(Signature)		Staff Title
(Please Print)		
Follow-up Visit Recommended:	☐ Yes	□ No
Written Referral Given:	☐ Mental Health☐ Substance Abuse☐ Prenatal Care*By law, you must report past or pressure o	☐ Abuse and/or rape*☐ Job☐ Other resent abuse to a child protective agency.
Length of Visit:	☐ Brief (10-19 minutes)	☐ Extended (20 minutes +)
General Notes:		



Please take a few minutes to fill out these questions.

Some of these questions may be hard to answer. If there are any you don't want to answer or that don't apply to you, just leave them blank.

By law and for your safety, we must report possible physical and sexual abuse to a child protective agency where staff are trained to help teens who are dealing with abuse in their lives.

Anything else you say or write is kept confidential between the clinic staff and you. We will not talk to anyone else about what you tell us.



11/99 TQ F	emale
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I.	Are you going to school? ☐ Yes	12. How likely is it that you will get pregnant in the next year?	21. Do you want to begin using a birth control method or change to a new one?	Can We Help?
		•	□ No	vv7 . 1
	□ No, I graduated/I have my GED	☐ It won't happen		30. What do you do when you're upset or having
	☐ No, I stopped going to school	☐ It will happen	☐ Yes (Please tell why)	problems? (Check all that apply)
2	How old are you?	☐ It may happen		☐ Talk to someone (Who?)
۷.	Trow old are you:		D 1 1 1	☐ Pray or meditate
		If you've never had sex,	22. Do you have a partner who discourages you	Spend time alone
2	Which ethnic group describes you? (Optional)	please skip to question #30	from using birth control/condoms?	Exercise
٦.	(Check all that apply)		☐ Yes	☐ Watch TV/listen to music
		13. In the past month, about how often	□ No	☐ Eat/sleep ′
	☐ Latino/Hispanic	did you have sex?		☐ Smoke cigarettes
	☐ White/Caucasian	☐ Not at all	23. How easy is it for you to talk about sex and birth	☐ Get high or drink alcohol
	☐ Black/African American	3 times or less	control with the person/people you have sex with?	Something else (What?)
	☐ Asian	4 or more times	☐ Most of the time it's easy	
	☐ Other:		☐ Sometimes it's hard	☐ I don't do anything
	74 4 10 1 -	14. In the past 6 months (including today)have you	☐ We don't talk about it	31. Would you like help with or information on any
	Your feelings about sex	ever thought you might be pregnant?	we don't tark about it	of these things? (Check all that apply)
	and pregnancy	□ No		Basic needs (food, place to live, work)
	1 1 2 (6) 1 11 1 . 1 .	Yes (How many times?)	Protecting yourself from STDs	Problems in school or at home
4.	Have you ever had sex? (Check all that apply)	ites (110w many miles:)	(Sexually Transmitted Diseases)	
	☐ Yes, vaginal sex (penis in vagina)	TE Have you over been prognant)		☐ Alcohol or other drug use
	☐ Yes, oral sex (mouth on penis or vagina)	15. Have you ever been pregnant?	24. During the past 6 months, how many people	☐ Cigarette smoking
	☐ Yes, anal sex (penis in anus or butt)	□ No	have you had sex with? (Check one)	☐ Feeling sad or depressed
	,	☐ Yes (Number of times?)		☐ Thoughts of hurting myself
	☐ No, I've never had sex		None	☐ Thoughts of suicide
	,	16. Are you a parent now?	One	☐ Controlling my temper (keeping from
5.	If yes, have you ever had sex with a:	□ No	2 or more	hitting or yelling at others)
	(Check all that apply)	☐ Yes		☐ Physical abuse (being hit, slapped, punched
	`□ Male		25. Do you use drugs or drink alcohol when	or choked by anyone)*
	☐ Female	Choosing a	you have sex?	☐ Sexual abuse (being touched where you
	_ I cliffale	birth control method	☐ Some of the time	didn't want to be; being forced to have sex)*
6.	If yes, how old were you the first time you	** 1 11.1 . 1	☐ Most of the time	
	had sex?	17. Have you ever used any birth control	□ Never	□ Other
	☐ 15 or younger	method (like the pill or condoms) to keep		☐ I don't want help right now
	☐ 16 or older	from getting pregnant?	26. Have you ever had an STD (like herpes,	
	10 of older	☐ Yes	gonorrhea, chlamydia, or genital warts)?	
7.	If you've never had sex, are you:	□ No	Yes	
, .	☐ Planning to wait until		□ No	
	☐ Thinking about having sex soon	18. If yes, when did you first use something to keep		Thombs you for taking the time
	□ Not sure	from getting pregnant? (Check one)	□ Not sure	Thank you for taking the time
	_ Not sure	☐ Before I started having sex	m1 1 1 1 1 1 1	to fill out this survey.
8	Have you ever been forced or pressured	o-3 months after I started having sex	27. The last time you had sex, did you or your	
٠.	to have sex when you did not want to?	☐ 4-II months after I started having sex	partner use a condom?	
	☐ Yes*	A year or more after I started having sex	☐ Yes	
	□ No	_ ,	□ No	
	□ NO	19. Which methods have you used? (Check all that apply)	☐ Not sure	
0	How old do you want to be when you have your	□ Nothing		*For your safety and by law,
9.	first or next child?	☐ Withdrawal (pulling out)	28. Do you use condoms or other protection (dental	we must report past or present abuse to
		☐ Condom (for men or women)	dam or latex barrier) if you have:	
	□ 19 or younger		, ,	a child protective agency that is
	20 or older	☐ Foam, spermicides, film or suppositories	Oral sex? (mouth on penis or vagina)	trained to help those who are dealing
	☐ Don't plan to have any/more children	□ Pill	☐ Yes	with abuse in their lives.
	□ Not sure	☐ The "shot" (Depo)	□ No	WWWW WOUSE WW WWOW WWOS.
	D 1	□ Other: (What?)	☐ Never had oral sex	
10.	Do you want to be pregnant now?			
	□ No	20. The last time you had sex, what did you use to	Anal sex? (penis in anus or butt)	
	☐ Yes	keep from getting pregnant? (Check all that apply)	☐ Yes	
	☐ Not sure	□ Nothing	□ No	
		☐ Withdrawal (pulling out)	☐ Never had anal sex	
II.	Do you have a partner who wants you to be	Condom (for men or women)	_ Titler Had dildi ben	
	pregnant now?	☐ Foam, spermicides, film or suppositories	29. Do you have a partner who sometimes won't	
	□ No	Pill	use a condom?	
	☐ Yes	☐ The "shot" (Depo)		
	☐ We haven't talked about it	☐ Other (What?)	☐ Yes	
		- Other (what:)	□ No	

1	/qq	TO	Male	

. Are you going to school? ☐ Yes	12. How likely is it that you will get pregnant in the next year?	21. Do you want to begin using a birth control method or change to a new one?	Can We Help?
☐ No, I graduated/I have my GED	☐ It won't happen	□ No	30. What do you do when you're upset or having
☐ No, I stopped going to school	☐ It will happen	☐ Yes (Please tell why)	problems? (Check all that apply)
. How old are you? If teen is age 16 or older	☐ It may happen		☐ Talk to someone (Who?)
in teen is age to or order	M woulders moved hard some	as Do you have a partner who discourages you	☐ Pray or meditate
If teen is age 15 or younger	If you've never had sex, please skip to question #30	22. Do you have a partner who discourages you from using birth control/condoms?	☐ Spend time alone
. Which ethnic group describes you? (Optional)	product complete questions and	Yes	☐ Exercise☐ Watch TV/listen to music
(Check all that apply)	13. In the past month, about how often	□ No	Eat/sleep
☐ Latino/Hispanic	did you have sex?		☐ Smoke cigarettes
□ White/Caucasian□ Black/African American	☐ Not at all	23. How easy is it for you to talk about sex and birth	☐ Get high or drink alcohol
☐ Asian	3 times or less	control with the person/people you have sex with?	☐ Something else (What?)
☐ Other:	4 or more times	☐ Most of the time it's easy	☐ I don't do anything
W 4 10 1 -	14. In the past 6 months (including today)have you	☐ Sometimes it's hard☐ We don't talk about it	31. Would you like help with or information on any
Your feelings about sex	ever thought you might be pregnant?	we don't talk about it	of these things? (Check all that apply)
and pregnancy	□ No	Protecting yourself from STDs	☐ Basic needs (food, place to live, work)
Have you ever had sex? (Check all that apply)	☐ Yes (How many times?)	(Sexually Transmitted Diseases)	☐ Problems in school or at home
☐ Yes, vaginal sex (penis in vagina)	I Llava vou aver have programt)	(concan) transmitted because,	Alcohol or other drug use
Yes, oral sex (mouth on penis or vagina)	15. Have you ever been pregnant?□ No	24. During the past 6 months, how many people	☐ Cigarette smoking
☐ Yes, anal sex (penis in anus or butt)	Yes (Number of times?)	have you had sex with? (Check one)	☐ Feeling sad or depressed☐ Thoughts of hurting myself
☐ No, I've never had sex		□ None	☐ Thoughts of suicide
□ NO, I ve nevel mad sex	16. Are you a parent now?	□ One	Controlling my temper (keeping from
. If yes, have you ever had sex with a:	□ No	2 or more	hitting or yelling at others)
(Check all that apply)	☐ Yes	25. Do you use drugs or drink alcohol when	☐ Physical abuse (being hit, slapped, punched
Male	Choosing a	you have sex?	or choked by anyone)*
☐ Female	birth control method	Some of the time	Sexual abuse (being touched where you
5. If yes, how old were you the first time you		☐ Most of the time	didn't want to be; being forced to have sex)* ☐ Other
had sex?	17. Have you ever used any birth control method (like the pill or condoms) to keep	□ Never	☐ I don't want help right now
☐ 15 or younger	from getting pregnant?		= 1 don't want help light how
□ 16 or older	☐ Yes	26. Have you ever had an STD (like herpes,	
. If you've never had sex, are you:	□ No	gonorrhea, chlamydia, or genital warts)?	
☐ Planning to wait until	0 10 1 1:1 0	□ No	
☐ Thinking about having sex soon	18. If yes, when did you first use something to keep	□ Not sure	
□ Not sure	from getting pregnant? (Check one) ☐ Before I started having sex	_	
3. Have you ever been forced or pressured	□ 0-3 months after I started having sex	27. The last time you had sex, did you or your	
to have sex when you did not want to?	4-11 months after I started having sex	partner use a condom?	
☐ Yes*	☐ A year or more after I started having sex	☐ Yes ☐ No	
□ No	19. Which methods have you used? (Check all that apply)	□ Not sure	
How old do you want to be when you have your	Nothing	- Not built	
How old do you want to be when you have your first or next child?	☐ Withdrawal (pulling out)	28. Do you use condoms or other protection (dental	OVERALL RISK: Low Moderate/High
19 or younger	Condom (for men or women)	dam or latex barrier) if you have:	CLIENT PRIORITY ISSUES: (Check all that apply)
20 or older	☐ Foam, spermicides, film or suppositories	Oral sex? (mouth on penis or vagina)	BCM Counseling/Information Physical Exam
□ Don't plan to have any/more children	□ Pill	☐ Yes	Pregnancy Test Infection/STI check Other:
□ Not sure	☐ The "shot" (Depo)	□ No	,
o. Do you want to be pregnant now?	□ Other: (What?)	☐ Never had oral sex	ISSUES DISCUSSED: Pregnancy Risk BCM Options
□ No	20. The last time you had sex, what did you use to	Anal gov) (nonig in anug or butt)	Method Use STD Risk
☐ Yes	keep from getting pregnant? (Check all that apply)	Anal sex? (penis in anus or butt) □ Yes	DONGHOGOGIAL ISSUES
	Nothing	□ No	PSYCHOSOCIAL ISSUES: Substance Abuse Suicidal Thoughts Depression
□ Not sure			
	☐ Withdrawal (pulling out)	☐ Never had anal sex	To the state of th
Do you have a partner who wants you to be	☐ Condom (for men or women)		Substance Abuse Substance Abuse Physical/Sexual Abuse Other:
 Do you have a partner who wants you to be pregnant now? 	□ Condom (for men or women)□ Foam, spermicides, film or suppositories	29. Do you have a partner who sometimes won't	Family/Partner Issues Physical/Sexual Abuse*
Do you have a partner who wants you to be	☐ Condom (for men or women)		Family/Partner Issues Physical/Sexual Abuse*